

6/10/77 [2]

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to w/	From Lipshutz to The President (31 pp.) re: FB I Search Committee Report/	6/10/77	A

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THE WHITE HOUSE
WASHINGTON

6/10/77

Jack:

As OMB, AID, and HEW oppose the idea of a Cabinet-Level Task Force on International Health at this point, I suggest that you work with them further in developing this idea -- I don't think it's ready to go to the President at this stage. OMB comments are attached. Please give me a call if you disagree. Thanks.

Rick

cc: Peter Bourne



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

JUN 10 1977

MEMORANDUM FOR: RICK HUTCHESON
FROM: Bo Custer
SUBJECT: Formation of a Cabinet-Level Task Force on
International Health

We have reviewed the memorandum to the President proposing the formation of a Cabinet-level Task Force on International Health. At Mr. Eizenstat's request, we have also asked HEW and State/AID, as the principal affected agencies, for their views (see Tab A attached).

OMB and the agencies believe that it may be premature to set up a special Cabinet-level Task Force on International Health.

- It would add to the proliferation of high level coordinating groups.
- It would complicate the coordination of health programs with the rest of our foreign aid program which is the responsibility of the interagency Development Coordination Committee, chaired by Governor Gilligan.

Furthermore, as the HEW and State/AID memoranda suggest, the problem of improved international health program coordination has two relatively distinct aspects which suggest separate follow-up steps:

- First, the most urgent problem is to coordinate the activities of all U.S. institutions and of other countries to improve health conditions in the developing world. AID should have primary responsibility for this coordination. The Development Coordination Committee already has a mandate from the President to carry out a thorough review of foreign assistance that should address the need for comprehensive international health programs in the developing world. HEW and DOD, not currently members, should be added to the Committee for this purpose.

- Second, there should be improved sharing of research, information, and experience among the developed countries, largely for their mutual benefit. HEW is the appropriate lead agency and should set up a coordinating group.

While the health problems of the two groups of countries differ markedly in most respects, there is still potential for common solutions. Thus, we endorse Secretary Califano's suggestion that a coordinating committee be organized to define problems and opportunities in this area which would require special interagency Cabinet-level coordination. Once that has been done, it will be easier to determine whether a Cabinet-level Task Force is needed and, if it is, how it might best be organized.

Nevertheless, if the President desires to set up the Task Force now, we believe:

- That it should serve primarily as a coordinating mechanism to assure a well executed study, with specific topics assigned to the responsible agencies for analysis and draft recommendations which would then be reviewed by the Task Force. If necessary, the Task Force could then make further recommendations to the President to insure an integrated U.S. international health policy.
- The Task Force should be asked to develop the cost of any initiatives and redirections and to include specific recommendations on reprogramming funds within current funding levels.
- The memorandum should avoid such references as "improve the quality" and ensure "an appropriate supply of health manpower in underdeveloped countries" and the reference to "premature death" in Third World nations from "preventable diseases." The U.S. has not been able to resolve its own health manpower problems. In many circles, it is argued that the number of "preventable deaths" in the U.S. exceeds an acceptable level and such references could prove embarrassing.

A suggested mark-up of the President's memorandum for the Cabinet and affected agencies--incorporating our reactions--is attached.

T
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B
A

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE CABINET AND OTHER AFFECTED AGENCIES

FROM: THE PRESIDENT

SUBJECT: U.S. INTERNATIONAL HEALTH POLICY

~~[Approximately two billion human beings in third World nations face premature death due to preventable parasitic and infectious diseases, malnutrition and lack of sanitary water supply. Similarly, in the industrialized nations of the world, many crippling and debilitating diseases continue to cut short productive and happy lives. This state of affairs has continued in the face of unprecedented advances in medical science and technology.]~~

Can A preliminary assessment conducted at my request by Peter G. Bourne, M.D., *has* found that the United States government ~~is not building adequately~~ *on the mutual* self interest of all nations to use readily available medical scientific knowledge to improve the health and well being of people everywhere. I believe that the United States government needs to take steps to improve its capacity to fight disease in partnership with other nations. *rather*

I have asked Jack Watson to organize a Cabinet-level Task Force on International Health. The work of the Task Force will be overseen by an Executive Committee consisting of the following agencies: State ~~(Cham)~~, HEW, A D, OMB, Defense, Commerce *and* Treasury. ~~HEW, AID.~~ The White House Office of the Special Assistant for Health Issues will also be a member. Jack will serve as Executive Secretary of the Executive Committee and Peter Bourne will chair a coordinating committee which will be supported by working groups. The charge of the Task Force will be to prepare a report for me recommending government action to strengthen the U.S. government's capacity to cooperate in health with the developing and developed nations of the world.

Specifically, the Task Force shall recommend administrative and/or legislative policy options on the following by August 15:

*...and which
5-year goals
should be
developed--*

--More effective ways in which to facilitate greater private sector involvement in international health, including international voluntary agencies, industry, labor, foundations and universities.

~~More effective measures to improve the quality and ensure an appropriate supply of health manpower in developing countries.~~

--Measures to improve the effectiveness of international health research in the United States, and to improve cooperation with other nations and international organizations.

--Measures to improve the organization and management of international health programs.

--A long-range strategy for United States international health policy.

I ask all affected Department and Agency heads to assist in completing this assessment.

also
The Task Force *also* ^{health activities} survey existing Federal international and identify the resources associated with these efforts. I am particularly interested in the Task Force's assessment of which activities it would recommend with the initiatives and

Current levels of resources devoted to international health, in light of my commitment to balance the Federal budget by 1981.

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON

THE ADMINISTRATOR

JUN 3 1977

Honorable Bert Lance
Director
Office of Management and Budget
Washington, D.C. 20301

Dear Mr. Lance:

We appreciate the opportunity to comment on Peter Bourne's proposal to establish a Cabinet-level committee on international health, particularly as it so directly affects our programs. AID and State welcome Dr. Bourne's interest in improving international health, which has long been a principal objective of our programs. We believe better coordination of the health efforts of various U.S. Government agencies can improve their joint impact and efficiency. Dr. Bourne and his staff have been exploring a variety of initiatives that the new administration might undertake to address international health problems, and AID staff have consulted formally and informally on a number of subjects.

After long, sometimes difficult, experience with programs designed to improve health in developing countries, we believe no quick or easy solutions exist. The most pervasive health problems in developing countries are not difficult, in principle, to deal with--they are malnutrition, common diarrheal and respiratory infections that particularly threaten children, frequent and closely-spaced pregnancies that damage the health of both mothers and existing children, and tropical diseases like malaria and helminthic infestations. These problems result not just from a shortage of medical attention, but from chronic food scarcities, too little protected water, too little sanitation, and too little disease vector control.

Recently, a consensus has emerged among LDCs and donors that these problems can be dealt with effectively through quite radical new approaches emphasizing community action on several coordinated fronts-- basic health, nutrition, and family planning services, provisions of protected water and simple latrines, control of at least some disease vectors, education, agricultural production and distribution. These measures need not be costly in per capita terms, though their total costs mount up and strain the budgets of poor countries (where annual government per capita expenditures on health run \$2-5). And their logistical problems should not be underestimated. The measures must also be undertaken jointly, for falling short on one can jeopardize the impact of all the others.

AID is preparing a health strategy that will weigh the contributions to health programs in all sectors and consider how these programs can best be combined; from this we shall draw recommendations for AID's own focus. We believe an interagency look at global health, including third-world health, should be similarly broad-based.

Rather than each agency assigning scarce staff to Dr. Bourne's Task Force, we suggest that each agency be assigned primary responsibility for developing initial drafts on those parts of this exercise which fall within its own area of competence. For example, AID might be asked to analyze what works most effectively to improve health in LDCs (as we are already doing) and to develop its own program strategy. Several agencies might be asked to work on research, and so on. Any related interagency committees constituted to work on pieces of the problem, say research, would consist of members appointed by working in coordination with the Agency's Task Force representative.

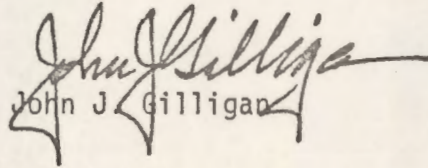
Drafts would be circulated for comment to concerned agencies. Dr. Bourne and his staff would then prepare a composite report to which each agency could react. The final report would then reflect agreement by all agencies, or where necessary, alternative agency views on specific points.

Each agency would retain responsibility for developing its own program strategies in conformity with the agreed-on recommendations. (If the agreed-on recommendations included melding the programs of agencies, that would be dealt with explicitly once the recommendations were made and approved.)

You will note reflected in this letter our strong belief that efforts to improve health should be accompanied by equally vigorous efforts to reduce birth rates, through voluntary means, lest population growth accelerate enough to wipe out any development gains. We also believe efforts to improve health or lower fertility are mutually reinforcing.

We do not believe this effort requires a Cabinet-level committee. Dr. Bourne's coordination of the effort will provide the necessary impetus to assure the program is carried out. We also believe OMB should be included on the Task Force.

Sincerely yours,


John J. Gilligan



THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201 *

June 7, 1977

MEMORANDUM FOR THE HONORABLE BERT LANCE
Attention; Donald Derman

SUBJECT: CABINET-LEVEL TASK-FORCE ON INTERNATIONAL HEALTH

I appreciate the opportunity to comment on Jack Watson's memo of May 20 to the President. By way of background, I would make three observations:

1. We fully support the idea of increasing coordination and focus in governmental international health efforts.
2. There are substantial opportunities for pursuing international health policies and foreign policy objectives through inter-agency initiatives, but we also believe that our health policies must be pursued in ways which safeguard the integrity of professional, scientific, and humanitarian standards.
3. HEW is the principal resource in manpower, experience, and knowledge for governmental activity in international health. While other departments have legitimate and important roles within the field, HEW involvement is likely to be central because of its expertise.

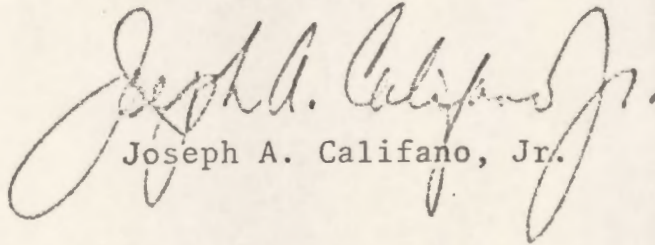
With respect to Jack's memo, I think we should obtain a clearer and more detailed understanding of the problems and issues which would be on an agenda, before we organize a Cabinet-level task force on International Health.

I suggest postponing creation of the proposed executive overview committee, but proceeding with the organization of a coordinating committee of the affected agencies.

Such a committee, supported by working groups, could be charged with identifying the problems and policy alternatives which need Cabinet-level examination.

Given HEW's commitment and capacity in health, I would urge that the Assistant Secretary for Health be centrally involved in the committee, and that he be made co-chairman. My Special Assistant, Peter Bell, who is coordinating all international activity in HEW, should be in this Cabinet-level group.

If and when a Cabinet-level task force is formed, I believe HEW should have a more central role within the executive overview committee than suggested in Jack's memo. At a minimum, I would like to co-chair such a committee with Cy Vance.


Joseph A. Califano, Jr.

THE WHITE HOUSE
WASHINGTON

*VP Bo Cuthbert
- There are
problems*

Date: May 25, 1977

MEMORANDUM

FOR ACTION:

Zbigniew Brzezinski - *nc (phone)*
Bert Lance

FOR INFORMATION:

FROM: Rick Hutcheson, Staff Secretary

SUBJECT: Jack Watson memo 5/20/77 re Formation of a
Cabinet Level Task Force on International
Health.

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: NOON

DAY: FRIDAY

DATE: MAY 27, 1977

*file
not to
pro*

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

*make sure that
OSMTB is getting views
of affected agencies
on this*

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

JUN 1 1977

MEMORANDUM FOR: RICK HUTCHESON
FROM: W. Bowman ~~Butter~~
SUBJECT: Jack Watson's memo to the President on forming
a Cabinet Level Task Force on International
Health

This is to confirm our telephone conversation that OMB is circulating copies of the Watson memo to State, AID, and HEW for comments on an expedited basis. We expect to have a memo to you incorporating the agency views by Friday.

Sharon - please
re-staff This
to ZB + Lance

Thanks -
R.L.

Cabinet Level
Task Force
on international
health

MEMORANDUM
OF CALL

TO:

Rick

☒

YOU WERE CALLED BY--

☐

YOU WERE VISITED BY--

OF (Organization)

Hornblow's office

☐

PLEASE CALL



PHONE NO.
CODE/EXT.

☐

WILL CALL AGAIN

☐

IS WAITING TO SEE YOU

☐

RETURNED YOUR CALL

☐

WISHES AN APPOINTMENT

MESSAGE

Y/c Comment -

Watson memo re Formation
of a Cabinet Level Task
Force on ~~the~~ International
Health.

RECEIVED BY

S.L.

DATE

5/27

TIME

11:28

STANDARD FORM 63

REVISED AUGUST 1967

GSA FPMR (41 CFR) 101-11.6

GPO : 1969-c48-10-80341-1 332-389

63-108

THE WHITE HOUSE

WASHINGTON

Date: May 21, 1977

MEMORANDUM

FOR ACTION:

Stu Eizenstat

Peter Bourne

Jim Fallows

ZB

LANCÉ

FOR INFORMATION: R. Linder

FROM: Rick Hutcheson, Staff Secretary

SUBJECT:

Jack Watson's memo 5/20/77 re:
Formation of a Cabinet Level Task Force
on International Health

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 3 P.M.

DAY: TUESDAY

DATE: May 24, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required

THE WHITE HOUSE
WASHINGTON

May 20, 1977

MEMORANDUM TO: THE PRESIDENT
FROM: Jack Watson *Jack*
SUBJECT: FORMATION OF A CABINET LEVEL
TASK FORCE ON INTERNATIONAL HEALTH

I have been working with Peter Bourne regarding formation of a Cabinet level task force on international health. As in so many areas of interagency concern, the principal problem is the lack of coordination and focus among multiple departments and agencies (in this case, at least 16), with a consequent failure to maximize the beneficial effects of the dollars we have to spend.

As outlined in the attached memorandum, we propose formation of an executive overview committee consisting of State, acting as Chairman, Defense, Commerce, Treasury, HEW and AID. I will coordinate the activities of that group. Peter will chair a coordinating committee of all the affected agencies and will divide them into working groups to address the administrative and legislative policy options outlined on page 2 of the proposed memorandum. In doing the work, we will involve many private sector groups, including business, labor, foundations, universities and church groups.

In reviewing the situation, we believe that an outline of initiatives can be presented to you on or before August 15th.

Attachment

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE CABINET AND OTHER AFFECTED AGENCIES

FROM: THE PRESIDENT

SUBJECT: U.S. INTERNATIONAL HEALTH POLICY

Approximately two billion human beings in Third World nations face premature death due to preventable parasitic and infectious diseases, malnutrition and lack of sanitary water supply. Similarly, in the industrialized nations of the world, many crippling and debilitating diseases continue to cut short productive and happy lives. This state of affairs has continued in the face of unprecedented advances in medical science and technology.

A preliminary assessment conducted at my request by Peter G. Bourne, M.D., found that the United States government is not building adequately on the mutual self interest of all nations to use readily available medical scientific knowledge to improve the health and well being of people everywhere. I believe that the United States government needs to take steps to improve its capacity to fight disease in partnership with other nations.

I have asked Jack Watson to organize a Cabinet-level Task Force on International Health. The work of the Task Force will be overseen by an Executive Committee consisting of the following agencies: State (Chmn.), Defense, Commerce, Treasury, HEW, AID. The White House Office of the Special Assistant for Health Issues will also be a member. Jack will serve as Executive Secretary of the Executive Committee and Peter Bourne will chair a coordinating committee which will be supported by working groups. The charge of the Task Force will be to prepare a report for me recommending government action to strengthen the U.S. government's capacity to cooperate in health with the developing and developed nations of the world.

Specifically, the Task Force shall recommend administrative and/or legislative policy options on the following by August 15:

- More effective ways in which to facilitate greater private sector involvement in international health, including international voluntary agencies, industry, labor, foundations and universities.
- More effective measures to improve the quality and ensure an appropriate supply of health manpower in developing countries.
- Measures to improve the effectiveness of international health research in the United States, and to improve cooperation with other nations and international organizations.
- Measures to improve the organization and management of international health programs.
- A long-range strategy for United States international health policy.

I ask all affected Department and Agency heads to assist in completing this assessment.

THE WHITE HOUSE

WASHINGTON

Date: May 21, 1977

MEMORANDUM

FOR ACTION:

Stu Eizenstat - *disagrees w/ format - attached*
Peter Bourne - *"strongly concurred"*
Jim Fallows - *attached 10/11/77*

FOR INFORMATION:

R. Linder

FROM: Rick Hutcheson, Staff Secretary

SUBJECT:

Jack Watson's memo 5/20/77 re:
Formation of a Cabinet Level Task Force
on International Health

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 3 P.M.

DAY: TUESDAY

DATE: May 24, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

*restaffed to ZB + handle
- ask Watson to get
urgent comments*

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately. (Telephone 3050)

THE WHITE HOUSE
WASHINGTON

ACTION	FYI		
		MONDALE	<input type="checkbox"/> ENROLLED BILL
		COSTANZA	<input type="checkbox"/> AGENCY REPORT
X		EIZENSTAT	<input type="checkbox"/> CAB DECISION
		JORDAN	<input type="checkbox"/> EXECUTIVE ORDER
		LIPSHUTZ	Comments due to
		MOORE	Carp/Huron within
		POWELL	48 hours; due to
		WATSON	Staff Secretary
			next day

X	FOR STAFFING
	FOR INFORMATION
	FROM PRESIDENT'S OUTBOX
	LOG IN/TO PRESIDENT TODAY
	IMMEDIATE TURNAROUND

	ARAGON		KRAFT
X	BOURNE		LANCE
	BRZEZINSKI		LINDER
	BUTLER		MITCHELL
	CARP		POSTON
	H. CARTER		PRESS
	CLOUGH		B. RAINWATER
	FALLOWS		SCHLESINGER
	FIRST LADY		SCHNEIDERS
	GAMMILL		SCHULTZE
	HARDEN		SIEGEL
	HOYT		SMITH
	HUTCHESON		STRAUSS
	JAGODA		WELLS
	KING		VOORDE

THE WHITE HOUSE

WASHINGTON

May 20, 1977

MEMORANDUM TO: THE PRESIDENT
FROM: Jack Watson *Jack*
SUBJECT: FORMATION OF A CABINET LEVEL
TASK FORCE ON INTERNATIONAL HEALTH

I have been working with Peter Bourne regarding formation of a Cabinet level task force on international health. As in so many areas of interagency concern, the principal problem is the lack of coordination and focus among multiple departments and agencies (in this case, at least 16), with a consequent failure to maximize the beneficial effects of the dollars we have to spend.

As outlined in the attached memorandum, we propose formation of an executive overview committee consisting of State, acting as Chairman, Defense, Commerce, Treasury, HEW and AID. I will coordinate the activities of that group. Peter will chair a coordinating committee of all the affected agencies and will divide them into working groups to address the administrative and legislative policy options outlined on page 2 of the proposed memorandum. In doing the work, we will involve many private sector groups, including business, labor, foundations, universities and church groups.

In reviewing the situation, we believe that an outline of initiatives can be presented to you on or before August 15th.

Attachment

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE CABINET AND OTHER AFFECTED AGENCIES

FROM: THE PRESIDENT

SUBJECT: U.S. INTERNATIONAL HEALTH POLICY

Approximately two billion human beings in Third World nations face premature death due to preventable parasitic and infectious diseases, malnutrition and lack of sanitary water supply. Similarly, in the industrialized nations of the world, many crippling and debilitating diseases continue to cut short productive and happy lives. This state of affairs has continued in the face of unprecedented advances in medical science and technology.

A preliminary assessment conducted at my request by Peter G. Bourne, M.D., found that the United States government is not building adequately on the mutual self interest of all nations to use readily available medical scientific knowledge to improve the health and well being of people everywhere. I believe that the United States government needs to take steps to improve its capacity to fight disease in partnership with other nations.

I have asked Jack Watson to organize a Cabinet-level Task Force on International Health. The work of the Task Force will be overseen by an Executive Committee consisting of the following agencies: State (Chmn.), Defense, Commerce, Treasury, HEW, AID. The White House Office of the Special Assistant for Health Issues will also be a member. Jack will serve as Executive Secretary of the Executive Committee and Peter Bourne will chair a coordinating committee which will be supported by working groups. The charge of the Task Force will be to prepare a report for me recommending government action to strengthen the U.S. government's capacity to cooperate in health with the developing and developed nations of the world.

Specifically, the Task Force shall recommend administrative and/or legislative policy options on the following by August 15:

- More effective ways in which to facilitate greater private sector involvement in international health, including international voluntary agencies, industry, labor, foundations and universities.
- More effective measures to improve the quality and ensure an appropriate supply of health manpower in developing countries.
- Measures to improve the effectiveness of international health research in the United States, and to improve cooperation with other nations and international organizations.
- Measures to improve the organization and management of international health programs.
- A long-range strategy for United States international health policy.

I ask all affected Department and Agency heads to assist in completing this assessment.

THE WHITE HOUSE

WASHINGTON

May 24, 1977

MEMORANDUM TO RICK HUTCHESON

FROM: Peter Bourne **P.B.**

SUBJECT: Jack Watson's Memo of May 20, 1977, Regarding
Formation of a Cabinet-Level Task Force on
International Health.

This plan is a follow up to my March 29 memorandum to the President on a World Health Initiative. I believe there is a need for such a Task Force to assess what the President's policy options are in this area. Selection of State as Chairman of the Executive Committee is appropriate in that it lays the groundwork for the creation of a lead agency at the Cabinet level in this field for the first time.

The Task Force proposed can be viewed as the logical follow-up of the President's World Health Assembly message in which he stated:

"I will strive personally to find ways in which our government and the private sector can better cooperate with other nations on health, population, and nutritional needs."

It also would be a concrete manifestation of the President's determination to stress "social justice" in the conduct of U.S. foreign policy.

Finally, creation of this Task Force may establish a precedent with important future implications for the way in which the Cabinet is used as a management instrument of the President. We seem to need a way to analyze issues which affect more than one agency without resorting to the creation of new entities to do the work. Cabinet-level task forces could be formed on a number of cross-cutting issues to assess policy options, build consensus within the Executive Branch, and present the President with options for decision. This will greatly reduce long-standing pressure by Congress to enact legislation which creates "policy coordination" offices that resist elimination even after their usefulness has long since passed.

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE CABINET AND OTHER AFFECTED AGENCIES

FROM: THE PRESIDENT

SUBJECT: U.S. INTERNATIONAL HEALTH POLICY

Despite advances in medical technology, too many of the world's people are still at the mercy of disability and disease. The two billion people of the developing nations face premature death from malnutrition, unsafe water supplies, and parasitic or infectious diseases which could have been prevented. In the industrialized nations, many crippling and debilitating diseases cut productive, happy lives short.

At my request, Peter Bourne, M.D. has conducted a preliminary assessment of our government's role in international health policy. He found that we have not been doing enough. The nations of the world have a common interest in using readily-available medical knowledge and techniques to improve the health of their people. I believe our government can do more to build upon that shared interest.

I have asked Jack Watson to organize a Cabinet level Task Force on International Health. The work of the Task Force will be overseen by an Executive Committee consisting of the following agencies: State (Chmn.), Defense, Commerce, Treasury, HEW, AID. The White House Office of the Special Assistant for Health Issues will also be a member. Jack will serve as Executive Secretary of the Executive Committee and Peter Bourne will chair a coordinating committee which will be supported by working groups. The Task Force will prepare a report for me recommending ways to strengthen the U.S. government's capacity to cooperate with other nations to improve worldwide standards of health.

Specifically, the Task Force shall recommend administrative and/or legislative policy options on the following by August 15:

- Ways to involve the private sector -- including international voluntary agencies, industry, labor, foundations and universities -- more fully in international health issues.
- More effective measures to improve the quality and expand the supply of health manpower in developing countries.
- Measures to improve the effectiveness of international health research in the United States, and to improve cooperation with other nations and international organizations.
- Measures to improve the organization and management of international health programs.
- A long-range strategy for United States international health policy.

I ask all affected Department and Agency heads to assist in completing this assessment.

THE WHITE HOUSE

WASHINGTON

May 24, 1977

MEMORANDUM FOR:

THE PRESIDENT

FROM:

STU EIZENSTAT *Stu*

SUBJECT:

Jack Watson's Memorandum on the
Formation of a Cabinet Level Task
Force on International Health

- 1) I question the need for a Cabinet level task force on international health and believe that before you approve, that each of the affected agencies should be permitted to comment on the advisability of such a task force.
- 2) The continued proliferation of Cabinet level task forces is questionable, and there should be some certainty that no additional staff or detailees to the White House would be necessary to staff this task force.
- 3) It would seem to me that if there was to be a coordinator from the White House that one of the persons mentioned should be sufficient, rather than both, as suggested in the proposal.

THE WHITE HOUSE

WASHINGTON

Date: May 21, 1977

MEMORANDUM

FOR ACTION:

Stu Eizenstat
Peter Bourne
Jim Fallows

FOR INFORMATION:

R. Linder

FROM: Rick Hutcheson, Staff Secretary

SUBJECT:

Jack Watson's memo 5/20/77 re:
Formation of a Cabinet Level Task Force
on International Health

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 3 P.M.

DAY: TUESDAY

DATE: May 24, 1977

ACTION REQUESTED:

Other: ☒ Your comments

See attached draft

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required

THE WHITE HOUSE

WASHINGTON

May 20, 1977

MEMORANDUM TO: THE PRESIDENT
FROM: Jack Watson *Jack*
SUBJECT: FORMATION OF A CABINET LEVEL
TASK FORCE ON INTERNATIONAL HEALTH

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In reviewing the situation, we believe that an outline of initiatives can be presented to you on or before August 15th.

Attachment

Disput shares technology, medical knowl. has new, avoid people

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE CABINET AND OTHER AFFECTED AGENCIES

FROM: THE PRESIDENT

SUBJECT: U.S. INTERNATIONAL HEALTH POLICY

Some people around the world

Approximately two billion human beings in Third World nations face premature death due to preventable parasitic and infectious diseases, malnutrition, and lack of sanitary water supply. Similarly, in the industrialized nations of the world, many crippling and debilitating diseases continue to cut short productive and happy lives. This state of affairs has continued in the face of unprecedented advances in medical science and technology.

At my request, Mr. Bourne will

A preliminary assessment conducted at my request by Peter G. Bourne, M.D., found that the United States government is not building adequately on the ~~mutual common~~ self interest of all nations to use readily available medical scientific knowledge to improve the health and well being of people everywhere. I believe that the United States government needs to take steps to improve its capacity to fight disease in partnership with other nations.

other

I have asked Jack Watson to organize a Cabinet-level Task Force on International Health. The work of the Task Force will be overseen by an Executive Committee consisting of the following agencies: State (Chmn.), Defense, Commerce, Treasury, HEW, AID. The White House Office of the Special Assistant for Health Issues will also be a member. Jack will serve as Executive Secretary of the Executive Committee and Peter Bourne will chair a coordinating committee which will be supported by working groups. The charge of the Task Force will be ~~to~~ *to* prepare a report for me recommending government action to strengthen the U.S. government's capacity to cooperate in health with the developing and developed nations of the world.

ways to

Specifically, the Task Force shall recommend administrative and/or legislative policy options on the following by August 15:

of our goals
note a unit
work the part. the find

to improve worldwide standards of health

--More effective ways in which to facilitate
~~greater private sector involvement in inter-~~
~~national health,~~ including international
voluntary agencies, industry, labor, founda-
tions and universities

involve the

-- more fully in international health issues

--More effective measures to improve the quality
~~and ensure an appropriate supply of health~~
manpower in developing countries.

--Measures to improve the effectiveness of
international health research in the United
States, and to improve cooperation with other
nations and international organizations.

--Measures to improve the organization and
management of international health programs.

--A long-range strategy for United States inter-
national health policy.

I ask all affected Department and Agency heads to assist
in completing this assessment.

and
expand
the supply

THE WHITE HOUSE

WASHINGTON

June 3, 1977

MEMORANDUM

TO: Jack Watson

FROM: Peter Bourne *P.B.*

SUBJECT: Rebuttal to Possible Objections to the Cabinet-Level Task Force on International Health

I understand that AID and OMB may object to the establishment of the Task Force because they believe AID through the Development Assistance Coordinating Committee should be conducting the review. In anticipation of their concerns, here are my thoughts.

A Cabinet-Level Task Force, not the Development Assistance Coordinating Committee (DACC), should conduct the review for the following reasons.

The Foreign Assistance Act (FAA) explicitly provides that the DACC is to examine issues related to the development of low income countries. It also specifically provides that the Department of State shall provide foreign policy guidance for all overseas activities. These points are significant for the following reasons:

1. The proposed Cabinet-Level Task Force would assess international health activities which affect military health policy (DOD), domestic health policy (HEW) as it affects international health policy, e.g., training conducted by U.S. universities, foundations, and medical diplomacy now carried out by the State Department.
2. The Department of State would be chairing the Cabinet-Level Task Force but would be subordinate to AID on the DACC, as would other lead Cabinet-level agencies (HEW, DOD, Treasury, Commerce).
3. A government-wide assessment should consider our medical cooperation relationships with middle-income and upper-income nations. The DACC assessment would not include these countries since AID must be concerned with those countries classified as low income under the FAA.

Overall, the Development Assistance Coordinating Committee is a useful tool as it relates to development assistance projects for low-income countries. The key issue here is that international health cuts across foreign policy agencies such as State, AID, and DOD, and also domestic agencies with central or related health/medical scientific responsibilities such as HEW, NSF, and EPA. The fragmented, uncoordinated relationships in international health are a good example of what permeates the development assistance area in other sectors such as agriculture and education. Frankly, from what I am told and what I see, there is great waste and bureaucratic rigidity in the foreign aid area. We can, through a Cabinet-Level Task Force, conduct an objective review and submit a decision document to the President very quickly that will recommend revisions in policy and create new opportunities for the government to take advantage of public and private resources in a more efficient and effective manner.

In order to understand the reasons behind opposition to a Cabinet-Level Task Force, it may be useful to look at where the agencies and Congress stand on this subject. First, State is the lead agency in the foreign policy field without adequate program responsibility, qualified health professionals or organizational framework capable of carrying out these responsibilities in the health field. AID, on the other hand, is responsible for health technical assistance for developing countries, but thus far has not been able to integrate organizationally or policy-wise health, nutrition, and population activities despite widespread acceptance of the need. Rather, in the past several years, further fragmentation within AID has almost completely dismantled the health program to the point where they now only have 22 health professionals worldwide. The largest critical mass of health professionals is in the Technical Assistance Bureau which has no control over regional health projects and has no new health professionals coming into the agency. AID is simply dormant in health, spending roughly only eight percent of its total budget in this field.

Secondly, in Congress, and since I began this inquiry in February, the prospective HEW committees have introduced legislation for HEW to study international health; and the respective foreign relations committees have introduced similar legislation to have AID conduct a study for the exact same purposes. The objections from the agencies to a Task Force mirror the Congressional committee interests creating a potential further split in responsibility for this area in the Executive Branch.

In summary, one must ask whether it would be possible for AID through the DACC, or HEW from its perspective to objectively analyze the relative merits of State's potential lead agency role in international health, of new mechanisms which facilitate greater private sector involvement, whether AID would be persuaded to recommend that HEW's authorities be broadened to include responsibility for health cooperative assistance to developing nations. The answer is very likely no. Each agency logically and justifiably places its own responsibilities first. Similarly, Congressional committees do the same.

Similar to the need for centralized direction, planning, and accountability for results at the Cabinet-level in energy, there is a need for such capability in the international health area. We simply cannot expect the longstanding vested interests within AID, HEW, State, and their counterparts on the Hill to be set aside in order to come up with policy options which cut across each agency's responsibilities. If the Task Force is not approved, we will have lost an opportunity to test the Cabinet structure as an analytical tool in a relatively innocuous area politically, and will be perpetuating the duality of overall responsibility of the key agencies.

THE PRESIDENT HAS SEEN.

The First Baptist Church of the City of Washington, D.C.

1328 Sixteenth Street, Northwest
Washington, D.C. 20036
(202) 387-2206

June 10, 1977

The President
The White House
Washington, D. C. 20500

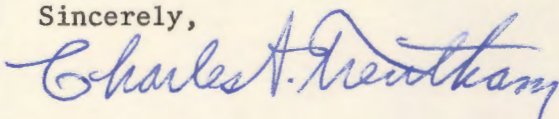
Dear Sir:

Complying with your request, I am enclosing a suggested speech for the videotape to be presented at the Southern Baptist Convention next Tuesday evening. Of course you are at liberty to modify it in any way you choose. You will be interested in knowing the exact wording of the recommendation which Owen Cooper will present after your speech and to which Fred Gregg will speak. This was prepared by Owen Cooper and Porter Routh and is in two parts:

- I. We recommend that the Southern Baptist Convention working in cooperation with the State Conventions, seek to enlist by 1982, 5,000 persons, groups of churches or churches who would agree to provide and fund 5,000 mission volunteers who would go for one or two years whether in the United States or overseas in an effort to reach the objectives of the Bold Mission Thrust. It is hoped that the churches will also encourage an increase in Cooperative Program giving by some percentage each year and the churches will seek as a goal to double their Cooperative Program gifts during the same period of time.
- II. We urge the State Mission Boards, the Home Mission Board and the Foreign Mission Board to join in the enlistment and utilization of these volunteers to the greatest degree possible during this five year period.

Thanks again for your strong inspiring leadership.

Sincerely,



Your Pastor

Enc.

Last Tuesday at noon I invited the Executive Directors of our Boards, the President of the Women's Missionary Union, with my Sunday School teacher and Pastor to have lunch with me at the White House that I might share with them my desire that we greatly increase the number of our volunteer missionaries.

During the Presidential campaign I was made aware of a relatively small group of people who were supporting 26,000 volunteer missionaries compared with the 77 US-2 missionaries supported by our Home Mission Board and the 172 Journeymen supported by our Foreign Mission Board.

I studied the Book of Reports of this year's Convention on the cover of which are the words, "Let the Church Reach Out!" I believe that our goals are too modest to be called a Bold Mission Thrust. We can never go beyond our goals. I would like personally to support a volunteer missionary for two years. My Pastor could support a volunteer missionary for two years. Thousands of others could do the same over and above their Cooperative Program giving. Surely every congregation with a thousand members could recruit one missionary from their membership and provide the full support of that missionary. My little church in Plains might not be able to, but the Association could. I was alarmed to see that in recent years while the total of Cooperative Program dollars has increased, the percentage of the collection plate dollar going to the Cooperative Program has declined from 14 to 9 percent. I believe that personally supporting volunteer missionaries would kindle the concern for all of our missionaries and increase our Cooperative Program giving.

My experience as a volunteer missionary changed my life forever. Working among the poor in Pennsylvania in only one week 43 accepted Christ. In Massachusetts 18 Spanish-speaking people accepted Christ in one week.

I believe we could train these missionaries in three months' time and get them out into the fields. We need not overtrain these people. Before Mamma went out to India, when she was 68 years of age, she spent only 6 months at the University of Chicago learning two Indian dialects.

As Dr. Bill Tanner of our Home Mission Board has said, "There is an unprecedented interest in spiritual matters in this land. There is unparalleled opportunity. What better time have we ever had to reach our land for Christ?" I say to you what I said at the White House last Tuesday. If you don't launch this movement to get 5,000 volunteer missionaries committed for two years of service by 1982--if you don't do it, I'm going to do it myself.

I am proud of our Southern Baptist Convention,
our spirit, our growth and our accomplishments. But
this is not ^a time for pride, or self-congratulations.

Compared to our ^{great} potential, ^{our} achievements are
small indeed. Our total gifts are much less than
3 percent of income. Contributions to the
Cooperative Program during the last few years have
dropped from 14 percent to less than 9 percent of
Church collections.

Although Foreign Mission Board assignments
reached a new high in 1976, the net missionary personnel
gain last year was only 48. It now takes 5,000 Southern
Baptist Church members to support one foreign missionary
family.

There is an immediate^{documented} need to increase the number of foreign missionaries by 50 percent, but our^{official} approved goal for the rest of this century is only 2½ percent net growth per year. ^{Once we set ~~the~~ such} ~~No matter how~~ modest our goals, it is highly unlikely that we will greatly exceed them.

Can we do better? With God's help, there is no doubt that we can.

Others do. One much smaller denomination in our country now has more than 25,000 missionaries who are volunteering for at least two years of full time service. We have only 172 Journeymen under a similar ^{volunteer mission} program.

^{More}
Missionaries are available. Seminary professors,
graduate students, church staff members and pastors
can be encouraged to do volunteer missionary work as
a routine part of their full time careers. ^{MANY} Young
people, widows and retired persons will go and serve
if an opportunity and guidance is provided. Often
these Christian servants could provide much of their
own financing for this volunteer work. ^{There is no doubt that} Every major
church can recruit and finance a fulltime missionary
missionary family, above and beyond their present
missionary effort.

Can we afford this greatly increased ^{program?} ~~effort?~~

Of course we can. I have done very little compared to
others, but I can and will support a volunteer missionary
for two years. My pastor has agreed to do the same.

Many other individuals and church groups can more than match this effort. Training time and costs can be minimal. Many Baptists, even lay members, have been training for a lifetime. An adequate foreign language course can be completed in three months. Before my mother went to India she received ^{such} language training and learned very difficult dialects at the age of 68.

I hope that we Baptists will accept the challenge that has ^{long} been given to us by the Executive Directors of our Mission Boards, ~~and~~ the leaders of the Women's Missionary Union and our Men's Brotherhood. This is the best time ^{we will ever have} for a quantum step forward in our effort to be leaders in a much needed worldwide spiritual ^{program.} ~~effort.~~

I hope that we will not be timid. Every ~~effort~~ ^{commitment} aspect of our church life should be reexamined and magnified, and

we should seek God's guidance and support. I am

sure that together we will not fail.

The First Baptist Church of the City of Washington, D.C.

1328 Sixteenth Street, Northwest
Washington, D.C. 20036
(202) 387-2206

June 8, 1977

The President
The White House
Washington, D. C. 20500

Mr. President:

Many thanks for a most memorable time with you at the White House and for your concern for world missions.

You asked to be informed about our action after meeting with you. The entire group stayed at my office until late in the afternoon. They asked first of all that you consider making a four-minute video tape presenting the same concern that you voiced at the table yesterday. This would be played before 18,000 messengers in Kansas City on Tuesday evening, June 14. We would need to know as soon as possible so that we can push this into an already tight schedule for that evening. If this is too much to ask of you, would you consider giving us a letter which Fred Gregg could read at the Convention?

The following is our plan of action:

1. Porter Routh is to come up with an appropriate financial plan that would make this program possible without conflicting with the Convention's financial policy.
2. Porter Routh and Owen Cooper were asked to formulate an appropriate motion to present to the Convention.
3. We must work in tandem with the State Conventions so that we can carry State Conventions with us.
4. We must show that all of our Boards and Commissions can work together on this.
5. Every church in the Southern Baptist Convention will be called on to provide and support one missionary volunteer. Smaller churches will be asked to combine their efforts. Missionary volunteers are to be supported by individuals and churches.
6. We will encourage the churches to offer this and place more responsibility on them than upon our Boards.

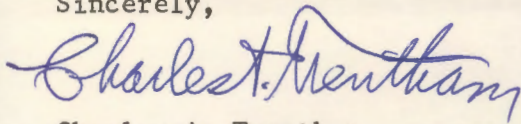
Tim
ok - expedite
Let Trentham
prepare draft text
& arrange recording
date
JC

Mr. President - 2

7. We will get authorization from the Convention so that our goals may be published and appeals may be made through our Sunday School literature, beginning with the children's literature.

Finally, your video tape will be presented at the Convention. Then Owen Cooper will make the motion. Fred Gregg will speak to it. Then Baker James Cauthen will speak on behalf of the Foreign Mission Board and Bill Tanner on behalf of the Home Mission Board. This will show the unity of the support of both of our major Boards.

Sincerely,



Charles A. Trentham
Senior Minister

THE WHITE HOUSE
WASHINGTON

Tim:

You should check off on
the request that the President
record a videotape for
the Baptist Convention.

Then, pass along to Susan
to draft a response.

Rick

THE WHITE HOUSE
WASHINGTON

Q
/

June 7, '77

Mr. President:

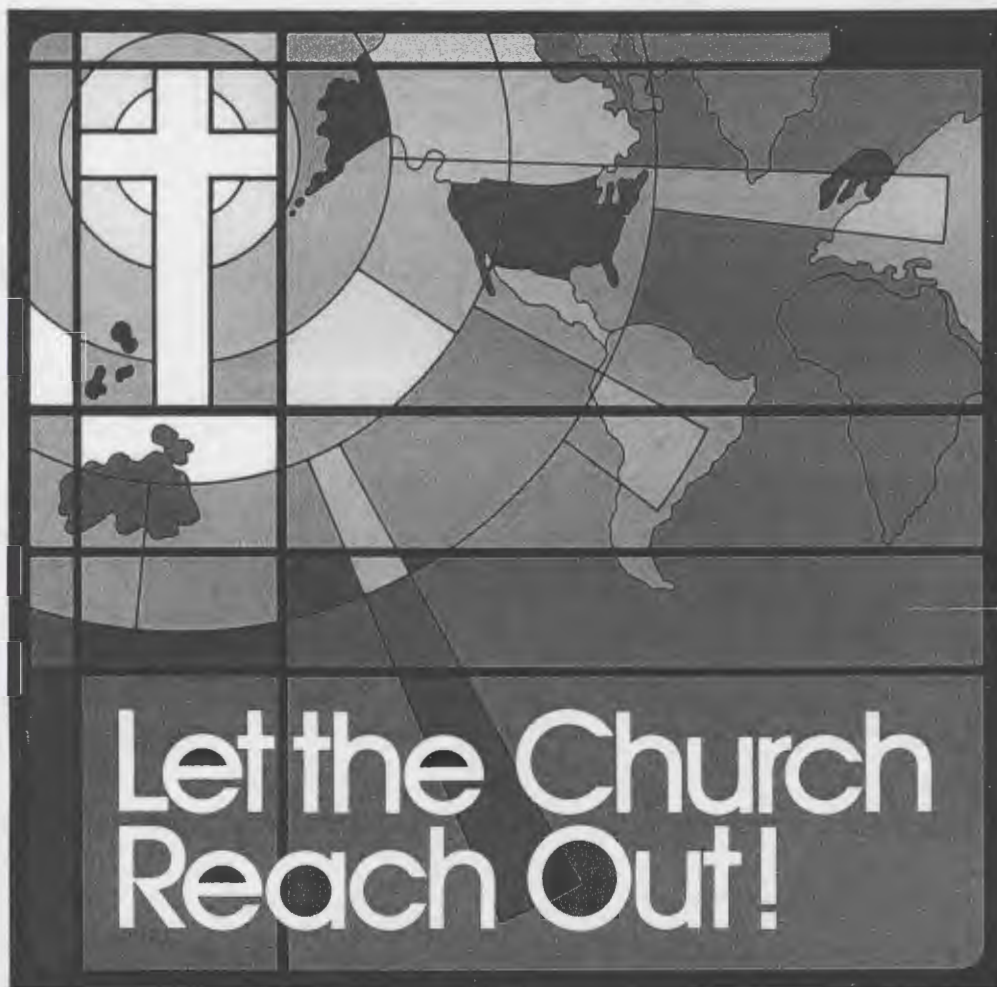
Dr. Trentham called at 4:25 to let you know that the luncheon group had met this afternoon, and will deliver a written report to you tomorrow.

He can be reached after 8 tonight and before 8 tomorrow morning at 938-7076.

TK

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for Preservation Purposes**

The 1977



Book of Reports

Southern Baptist Convention, Kansas City
June 14-16, 1977

THE WHITE HOUSE
WASHINGTON

June 7, 1977

8/6/10/77

In form
Sasser
J

MEMORANDUM FOR: THE PRESIDENT
FROM: JAMES B. KING *JH*
SUBJECT: Presidential Appointment

Attached for your signature is the nomination document for Harold D. Hardin, of Tennessee, to be United States Attorney for the Middle District of Tennessee for the term of four years vice Charles H. Anderson, resigning.

Since December 1975 Mr. Hardin has served as a Judge in the Second Circuit Court of Tennessee.

All necessary checks have been completed.

**Electrostatic Copy Made
for Preservation Purposes**

Original to Bob Linder



Office of the Attorney General
Washington, D. C. 20530

June 6, 1977

My dear Mr. President:

I have the honor to enclose the nomination of Harold D. Hardin, of Tennessee, to be United States Attorney for the Middle District of Tennessee for the term of four years vice Charles H. Anderson, resigning.

Mr. Hardin was born June 29, 1941 in Old Hickory, Tennessee and is married.

He attended several colleges during the period 1959 to 1966 when he received his B.S. degree from Middle Tennessee State University. He attended the University of Tennessee School of Law and Vanderbilt University School of Law receiving his J.D. degree in 1968. He was admitted to the Tennessee State Bar in 1969.

Since December 1975 Mr. Hardin has served as a Judge in the Second Circuit Court of Tennessee. Prior to assuming his duties as judge, he was in the practice of law with Gracey, Maddin & Cowan, 1975; practice of law with Jack Norman from 1970 to 1975; and Assistant District Attorney for Davidson County from 1969 to 1970.

Mr. Hardin bears an excellent reputation as to character and integrity, and is well qualified, I believe, to be United States Attorney for the Middle District of Tennessee.

I recommend the nomination.

Respectfully,

Quinn T. Bee

The President

The White House

86/10/77

THE WHITE HOUSE

WASHINGTON

June 10, 1977

MEMORANDUM FOR THE PRESIDENT

FROM STU EIZENSTAT *Stu*

SUBJECT ENROLLED BILL HR 5306 -- LAND AND WATER CONSERVATION FUND

You should decide immediately whether to sign or veto this bill. The last day for action is not until June 17, but Congressman Burton is hinging his support for our water project amendment on your support for this bill.

THE BILL

HR 5306 increases the authorization for the Land and Water Conservation Fund based on the following schedule:

		(\$ in millions)		
	<u>FY78</u>	<u>FY79</u>	<u>FY80</u>	<u>FY81</u>
Already Authorized	600	750	900	900
Burton Bill	900	900	900	900

The Fund is the source of acquisition money for parks, refuges and other federally-protected areas, and for 50/50 matching grants to states for park and recreation funds. The currently authorized schedule of increases passed the Congress last year. The Administration has requested funding of \$600 million in FY78 and has opposed the bill.

The bill would also:

- relax acquisition restrictions on National Parks, including provisions for boundary adjustments, inflation factors and pre-Park-authorization acquisition.
- provide funds for purchase (both federal and state matching grants) of flood-damaged land in Big Thompson Canyon, Colorado.

13

original to Rep Linder
CH

VOTES IN CONGRESS

The bill passed by voice vote in both chambers.

ARGUMENTS FOR SIGNING

- This is not a good first veto, and since it does not govern appropriations, does not tie us to the funding levels authorized.
- A veto would appear to contradict commitment to parks and recreation.
- The provisions relaxing acquisition restrictions for National Parks are viewed by environmentalists as very important.

ARGUMENTS FOR VETOING

- If you do not intend to fund the increased levels, it might appear inconsistent to sign the bill.
- The flood disaster assistance provisions are a bad precedent.
- Congress would have authorization to exceed your Budget requests for the Fund, perhaps leading to funding levels which cannot be efficiently used by the agencies.
- Existing schedule of increases is sufficient.

AGENCY AND STAFF RECOMMENDATIONS

OMB, Interior, Agriculture and CEQ recommend approval. HUD and Justice defer to Interior and Agriculture. Senior staff concur, although Watson expresses concern over flood relief provision as an unfortunate precedent.

OMB has drafted a proposed signing statement which makes it clear that you do not intend to meet the FY78 and FY79 increases for the Fund.

I concur, but in view of the fact that you made a commitment during the campaign to fully fund the Land and Water Conservation Fund, I believe you should consider amending the OMB statement to make a commitment to meet the previously authorized increases. (We have requested the full \$600 million for FY78 and would then request \$750 for FY79, going to \$900 million in FY80 and thereafter). This would exceed OMB's current planning target of \$700 million for FY79 (\$50 million below the authorized amount), but I think this commitment might place you in a desirable middle ground

between veto and fully funding the new amounts. Phil Burton sent me a copy of the attached letter from you to Senator Johnston last July, in which you support reaching the \$900 million level "in graduated steps."

DECISION

✓

Sign HR 5306 with OMB statement preserving maximum flexibility in funding requests

J

[initials]

Sign HR 5306 making commitment to fund according to previously authorized schedule

Veto HR 5306

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WATSON COMMENT

THE WHITE HOUSE

WASHINGTON

June 10, 1977

MEMORANDUM TO: Bert Carp

FROM: Jack Watson
Bruce Kirschenbaum

SUBJECT: LAND AND WATER CONSERVATION ACT AMENDMENTS

I agree that you should not pick this as your first veto, although it did go over our budget targets.

I am more disturbed by the fact that this seems in part to be a "private" relief bill for a flood disaster. OMB indicates there was no intention prior to the floods to "immediately" buy these tracts and make them part of national recreational areas. Was there any intention at all?

Secondly, are we getting the best deal by agreeing to pre-flood market values? We have been very tough on disaster relief measures, including interest rates on SBA loans. Now to agree to indemnifying these private land holders at market value by buying their damaged land does create a precedent we have to be careful about.

I would suggest an expression of strong objection to this type of activity but probably in private to the relevant Committee Chairman rather than in public.

THE WHITE HOUSE
WASHINGTON

June 10, 1977

The Vice President
Frank Moore
Jack Watson
Frank Press
Jim Schlesinger

The attached is forwarded to you
for your information.

Rick Hutcheson

Re: Proposed thermal ocean
discharge system.



United States
Environmental Protection Agency
Washington, D.C. 20460

The Administrator

MEMORANDUM FOR: The President
FROM: Douglas M. Costle

On Friday afternoon, June 10th, I plan to announce that I am approving the proposed thermal ocean discharge system for the nuclear power plant planned in Seabrook, New Hampshire. The Public Service Company of New Hampshire wants to construct two nuclear generators totaling 2,300 megawatts, one to begin operation in 1981 and the other in 1983. My decision reverses an earlier one made by the EPA Regional Administrator in Boston.

The decision will be highly controversial; much emotion surrounds the proposal. A number of environmentalists and local residents are determined to prevent construction of the plant at any cost. The business community in general--particularly utility companies and construction interests--support it vocally and have been highly critical of EPA's handling of its responsibilities. This will be the first environmental decision made in your Administration that will be widely criticized by environmentalists as demonstrating a lack of commitment to strong environmental policies. The business community, on the other hand, can be expected to label the decision as sound, albeit far too long in coming.

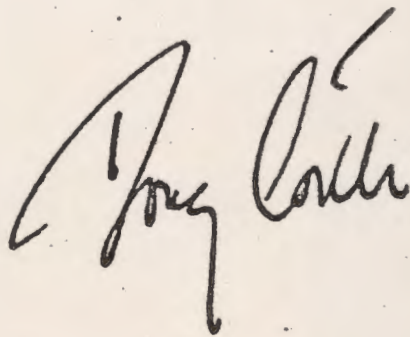
The utility proposes to use ocean water from the Gulf of Maine in a once-through cooling system. In order to discharge the heated water, the company needs a waiver of the requirement in the Federal Water Pollution Control Act that the plant use "best available technology economically achievable" (in this case cooling towers). To obtain this waiver, the utility must demonstrate to EPA that the discharge be controlled in a manner that will assure the protection and propagation of a balanced indigenous population of fish, shellfish and wildlife.

When the company first applied for a waiver in August 1974, the Regional Administrator held a public hearing and issued a Determination approving the proposed cooling system. A coalition of environmental groups requested an adjudicatory hearing, which was granted by the Regional Administrator. A hearing was held in the Spring of 1976 and in November the Regional Administrator revoked his earlier Determination on the grounds that the utility had failed to demonstrate in the public record that the proposed system satisfied the requirements of the Act. The company appealed that decision to former EPA Administrator Russell Train in December 1976, and Train agreed to review the Regional Administrator's decision.

After taking office, I convened a review panel of technical experts to evaluate the record. The issue before me was very narrow: whether the record is adequate to make a decision and, if so, whether to grant or deny the company's request. Based on the panel's findings that the record, although not of high quality, was indeed adequate, I am reversing the Regional Administrator's decision and approving the thermal discharge.

Even though the Seabrook facility must still obtain final approval from the Nuclear Regulatory Commission, my decision opens the way for construction, which had been started and then halted, to begin again. In addition, the utility faces many other hurdles that may yet result in cancellation of the project (for example, in the State legislature there have been attempts to halt the plant; the company has financing problems; and it is possible that other utility companies will withdraw from the sponsoring consortium).

I anticipate attempts to interpret this decision as a "go" or "no go" signal about the Administration's position on nuclear power as well as on environmental quality, although I have publicly stated--and will continue to do so--that this is not the case and that the question before me is a narrow, technical issue of law. I am convinced the decision is correct, but thought you should be aware of it.

A handwritten signature in dark ink, appearing to read "J. Edgar Hoover", is located in the lower right portion of the page. The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

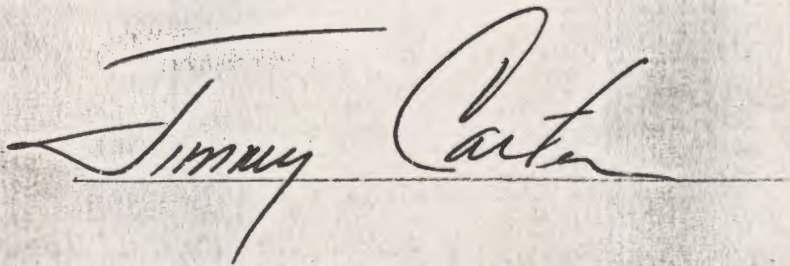
To the Senate of the United States:

I nominate Harold D. Hardin,

of Tennessee, to be United States Attorney for the

Middle District of Tennessee for the term of four

years vice Charles H. Anderson, resigning.

A handwritten signature in cursive script, reading "Jimmy Carter", written over a horizontal line.

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memo w/	From Lipshutz to The President (31 pp.) re: FB I Search Committee Report	6/10/77	A

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Carter Presidential Papers- Staff Offices, Office of the Staff Sec.- Pres. Handwriting File 6/10/77 [2] BOX 30

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